

**INDIANA DEPARTMENT OF INSURANCE
CONTINUING EDUCATION
COURSE APPROVAL APPLICATION**

Will seminar be held one-time only? Yes____ No____ Will course be open to public? Yes____ No____

Provider Name:_____

Address:_____

City: _____ State: _____ Zip Code:_____

Contact Person: _____

Telephone No. _____ E-Mail Address: _____

EIN No: _____ Provider # if assigned: _____

Course Title (maximum 40 characters)

Date of Course_____ Start Time_____ End Time_____

Seminar Location: (Street Address, City, State, Zip Code)

NOTE: Seminar filings must be received by the DOI at least 60 days prior to date of the seminar—NO EXCEPTION

If filing as Secondary Provider using course material previously approved for another IN provider, state Provider Name and course title. You must attach a copy of Authorization Agreement.

If this course was previously approved state Course Number: _____

Instruction Method:

Classroom/Seminar _____

Convention Workshop _____

For Self-Study:

Textbook _____ **Internet** _____

Number of Credit Hours requested: _____

I certify that I have read Indiana Rule 50 and Guidelines and agree to abide by those laws and regulation.

Date

Signature of Contact Person

The following must be included with course filing as set out in 2006 Guidelines. One (1) original set of all documentation, **\$40.00** filing fee, Content Outline/Agenda, Text Material. If self-study course, include original textbook, sealed copies of 3 sets of examinations. Rule 50 and Guidelines available on website for reference. Mail submission to: Indiana Department of Insurance, 311 W. Washington Street, Indianapolis, IN 46204-2787.

IDOI Fax number: (317) 232-5251; E-Mail address djefferson@idoi.in.gov